

## **PROPOSED CHANGES TO ASSISTED OUTPATIENT TREATMENT (ALSO KNOWN AS “KEVIN’S LAW”) IN MICHIGAN**

**Assisted outpatient treatment (AOT) proactively connects community services to adults with severe mental illness who have had difficulty complying with treatment voluntarily.** Many persons with severe, uncontrolled mental illness don’t recognize their condition or critical need for treatment. If individuals have experienced certain legally specified difficulties, AOT law permits intervention before the highest levels of psychiatric crisis might be reached.

**Michigan already enacted AOT law in 2005.** AOT law exists in Michigan and many other states. Michigan will continue to have AOT law whether or not changes to it are made in 2015.

**The current problem** is that AOT has been little used to date in Michigan. A 2014 statewide survey by the Mental Health Association found the chief reason was that the law is deemed to be too complex and confusing. The Governor’s Mental Health and Wellness Commission as well as the state’s Mental Health Diversion Council determined that AOT law should be changed to promote greater usage.

**The proposed changes to the law** fill in gaps that weren’t addressed in 2005; give greater clarity to certain points; simplify the process of how the possible need for a treatment order is brought to a court’s attention; give greater flexibility to Community Mental Health Services Programs (CMHSPs) or other treatment providers that courts may utilize; and enhance the possibility of using AOT with persons who have just been discharged from psychiatric hospitals but aren’t yet fully stabilized and have no other community service options (a common occurrence). This would be consistent with several other jurisdictions across the country.

**Possible AOT subjects have several due process rights protections.** An individual has the right to free, court-appointed counsel, a court hearing (which he or she may choose to attend), and a juried hearing if desired. Before an AOT order is issued, it must be shown that the subject meets AOT eligibility criteria, and a **psychiatrist, as well as a physician or licensed psychologist**, must examine the individual and subsequently **give testimony or written opinion** to the court. If an AOT order says a treatment plan should include medication, the subject’s medication preferences must be considered. Also required to be considered is any treatment plan presently existing for the subject and any advance psychiatric directive (APD) he or she previously established. And if no APD exists, the subject shall be offered assistance in developing one if desired.

**AOT has proven cost-effective.** Evaluations of AOT in multiple jurisdictions across the country have shown it improves treatment outcomes and ultimately lowers the cost of what society had been spending on subjects pre-AOT (incarceration; homeless shelter; hospitalization and other manners of on-and-off treatment spurts). The federal government under Medicaid would pay for the vast majority of new AOT cases expected in Michigan, and the FY16 state budget contains an appropriation that will cover any additional cost in the first year.